

General

Title

All-cause readmissions: the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission, for patients 18 years of age and older.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Domain

Primary Measure Domain

Related Health Care Delivery Measures: Use of Services

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the number of acute inpatient stays for patients 18 years of age and older during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

- Count of Index Hospital Stays (IHS) (denominator)
- Count of 30-Day Readmissions (numerator)
- Average Adjusted Probability of Readmission

Note: This measure is limited to patients 18 to 64 covered by commercial insurance and patient 65 and older covered by Medicare. The reason for the restricted population is that the measure relies on a risk-adjusted methodology based on payer age age-specific weights. Aligning the eligible population with the respective payer (i.e., commercial and Medicare) and age group will ensure a more accurate comparison between the observed readmission rates and the average adjusted probability rates.

Rationale

Discharge from a hospital is a critical transition point in a patient's care. Poor care coordination at discharge can lead to adverse events for patients and avoidable rehospitalization. Hospitalization readmissions may indicate poor care or missed opportunities to coordinate care better. Research shows that specific hospital-based initiatives to improve communication with beneficiaries and their caregivers, coordinate care after discharge and improve the quality of care during the initial admission can avert many readmissions.

There is extensive evidence about adverse events in patients, and this measure aims to distinguish readmissions from complications of care and pre-existing comorbidities (Gallagher, Cen, & Hannan, 2005).

Potentially preventable readmissions are defined as readmissions that are directly tied to conditions that could have been avoided in the inpatient setting. While not all preventable readmissions can be avoided, most potentially preventable readmissions can be prevented if the best quality of care is rendered and clinicians are using current standards of care.

Evidence for Rationale

Gallagher B, Cen L, Hannan EL. Readmissions for selected infections due to medical care: expanding the definition of a patient safety indicator. In: Henriksen K, Battles JB, Marks ES, Lewin DI, editors. *Advances in patient safety: from research to implementation (volume 2: concepts and methodology)*. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2005 Feb.

National Committee for Quality Assurance (NCQA). *HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative*. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Primary Health Components

30-day readmission

Denominator Description

- Acute inpatient discharges for commercial insurance patients age 18 to 64 years as of the Index Discharge Date who had one or more discharges on or between January 1 and December 1 of the measurement year
- Acute inpatient discharges for Medicare patients age 65 years and older as of the Index Discharge Date who had one or more discharges on or between January 1 and December 1 of the measurement year

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Once NCQA establishes national benchmarks for accountable care organization (ACO) performance, all measures will undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis. Where applicable, measures also are assessed for construct validity using the Pearson correlation test.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Apr 8. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Accountable Care Organizations

Behavioral Health Care

Hospital Inpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Multisite Health Care or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age 18 years and older

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Priority

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Not within an IOM Care Need

IOM Domain

Not within an IOM Domain

Data Collection for the Measure

Case Finding Period

January 1 through December 1 of the measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Institutionalization

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Acute inpatient discharges for commercial insurance patients age 18 to 64 years as of the Index Discharge Date who had one or more discharges on or between January 1 and December 1 of the measurement year

Acute inpatient discharges for Medicare patients age 65 years and older as of the Index Discharge Date who had one or more discharges on or between January 1 and December 1 of the measurement year

The denominator for this measure is based on discharges, not patients.

Note:

Include acute admissions to behavioral healthcare facilities.

Index Discharge Date: The Index Hospital Stay (IHS) discharge date. The Index Discharge Date must occur on or between January 1 and December 1 of the measurement year.

IHS: An acute inpatient stay with a discharge date on or between January 1 and December 1 of the measurement year.

Refer to the original measure documentation for steps to identify acute inpatient stays and risk adjustment determination and weighting.

Exclusions

Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.

Exclude stays for the following reasons:

- Inpatients stays with discharges for death

- Acute inpatient discharge with a principal diagnosis of pregnancy (Pregnancy Value Set)

- Acute inpatient discharge with a principal diagnosis of a condition originating in the perinatal period (Perinatal Conditions Value Set)

Exclude any acute inpatient discharge as an Index Hospital Stay if the admission date of the first planned hospital stay is within 30 days and includes any of the following:

- A principal diagnosis of maintenance chemotherapy (Chemotherapy Value Set)

- A principal diagnosis of rehabilitation (Rehabilitation Value Set)

- An organ transplant (Kidney Transplant Value Set, Bone Marrow Transplant Value Set, Organ Transplant Other Than Kidney Value Set)

- A potentially planned procedure (Potentially Planned Procedure Value Set) without a principal acute diagnosis (Acute Condition Value Set)

Note: *Index Admission Date:* The IHS admission date.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date

Note:

For each Index Hospital Stay (IHS), determine if any of the acute inpatient stays have an admission date within 30 days after the Index Discharge Date.

Index Discharge Date: The IHS discharge date. The Index Discharge Date must occur on or between January 1 and December 1 of the measurement year.

IHS: An acute inpatient stay with a discharge on or between January 1 and December 1 of the measurement year.

Refer to the original measure documentation for steps to identify acute inpatient stays and risk adjustment weights.

Exclusions

Exclude acute inpatient hospital discharges with a principal diagnosis of pregnancy (Pregnancy Value Set) or a principal diagnosis for a condition originating in the perinatal period (Perinatal Conditions Value Set)

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Numerator Search Strategy

Institutionalization

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Type of Health State

Proxy for Outcome

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Does not apply to this measure (i.e., there is no pre-defined preference for the measure score)

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure begins with the Accountable Care Organization (ACO) aggregate population but limits that population to the payers and ages detailed in the original measure documentation. This measure includes only commercial and Medicare patients.

Measure results are stratified by age and the overall total.

For each index hospital stay, risk adjustment weights are calculated based on presence of surgeries, discharge condition, comorbidity, age, and gender.

Standard of Comparison

not defined yet

Identifying Information

Original Title

All-cause readmissions (AACR).

Measure Collection Name

HEDIS 2015: Accountable Care Organization (ACO) Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Utilization

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

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Adaptation

This measure was adapted from the *HEDIS Technical Specifications for Health Plans ("HEDIS Health Plan Measurement")* and *HEDIS Physician Measurement*.

Date of Most Current Version in NQMC

2014 Nov

Measure Maintenance

Annual

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2013 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2012. various p.

The measure developer reaffirmed the currency of this measure in November 2015.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone:

NQMC Status

This NQMC summary was completed by ECRI Institute on June 11, 2014.

This NQMC summary was updated by ECRI Institute on April 17, 2015.

The information was reaffirmed by the measure developer on November 2, 2015.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

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